| Application or Docket Number   |                 |                                       |                |   |                  |         |                      |                        |      |                                       | er .                   |
|--|-----------------|---------------------------------------|----------------|---|------------------|---------|----------------------|------------------------|------|---------------------------------------|------------------------|
| PATENT APPLICATION FEE DETERMINATION RECORD  Effective December 29, 1999  09 / 62 2 9 8 2  |                 |                                       |                |   |                  |         |                      |                        |      |                                       |                        |
|  | CL              |                                       | SMALL E        |   | OR               | OTHER'S | 9                    |                        |      |                                       |                        |
| FOR  |                 | NUMBER FILED                          |                | NUMBER EXTRA                                |                  |         | RATE                 | FEE                    |      | RATE                                  | FEE                    |
| BASIC FEE  |                 |                                       |                | <u> </u>                                    |                  |         | A part of the second | 345.00                 | OR   | 840                                   | 690.00                 |
| TOTAL CLAIMS   |                 | 4                                     | minus 20=      | •   |                  |         | X\$ 9=               |                        | OR   | X\$18=                                |                        |
| NDEPENDENT CLAIMS  |                 | / minus 3 =                           |                | •   |                  |         | X39=                 |                        | OR   | X78=                                  |                        |
| MULTIPLE DEPENDENT CLAIM PRESENT   |                 |                                       |                |   |                  |         | +130=                |                        | OR   | +260=                                 |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2   |                 |                                       |                |   |                  |         | TOTAL                |                        | OR   | TOTAL                                 | 840                    |
| CLAIMS AS AMENDED - PART II  |                 |                                       |                |   |                  |         |                      |                        | ,    | OTHER                                 |                        |
| (Column 1) (Column 2) (Column 3)   |                 |                                       |                |   |                  |         | SMALLE               | NTITY                  | OR   | SMALLE                                | NTITY                  |
| AMENDMENT A  | FIGURE RE       | CLAIMS<br>MAINING<br>AFTER<br>ENDMENT |                | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA |         | RATE                 | ADDI-<br>TIONAL<br>FEE |      | RATE                                  | ADDI-<br>TIONAL<br>FEE |
| DME  | Total •         | 7-                                    | Minus          | · 20  | =                | 1       | X\$ 9=               |                        | OR   | X\$18=                                |                        |
| MEN  | Independent •   | $\Box$                                |                | · · · · · · · · · · · · · · · · · ·         | = /              |         | X39=                 |                        | OR   | ×78=                                  |                        |
| ٧  | FIRST PRESENTAT | TION OF MU                            | LTIPLE DEPE    | NDENT CLAIM                                 |                  | j       | +130=                | :                      | OR   | +260=                                 |                        |
|  |                 |                                       |                |   |                  |         | TOTAL                | <del></del>            | OR   | TOTAL                                 |                        |
|  | (O-t 0) (O-t    |                                       |                |   |                  |         | ADDIT. FEE           |                        | 1011 | ADDIT. FEE                            |                        |
| _  |                 | CLAIMS                                | 9,000          | (Column 2)<br>HIGHEST                       | (Column 3        | 1       |                      | ADDI-                  | 1    |                                       | .ADDI-                 |
| AMENDMENT B  |                 | EMAINING<br>AFTER<br>MENDMENT         |                | NUMBER<br>PREVIOUSLY<br>PAID FOR            | PRESENT<br>EXTRA |         | RATE                 | TIONAL<br>FEE          |      | RATE                                  | TIONAL<br>FEE          |
|  | Total •         | 6                                     | Minus          | <del></del> 20                              | =                | 1       | X\$ 9=               |                        | OR   | X\$18=                                | · ·                    |
|  | Independent • c | 2                                     | Minus          | 3   | <u> </u>         | 1       | X39=                 |                        | OR   | X78=                                  |                        |
|  | FIRST PRESENTA  | TION OF MU                            | JLTIPLE DEPE   | NDENT CLAIM                                 |                  | L       | +130=                |                        | OR   | -+260=-                               |                        |
|  | •               |                                       | ٠              |   |                  |         | TOTAL<br>ADDIT. FEE  |                        | OR   | TOTAL                                 |                        |
| (October 2)  |                 |                                       |                |   |                  |         |                      |                        |      |                                       |                        |
| O E  | R               | Column 1) CLAIMS EMAINING AFTER       |                | HIGHEST<br>NUMBER<br>PREVIOUSLY             | PRESENT<br>EXTRA | 7       | RATE                 | ADDI-<br>TIONAL        |      | RATE                                  | ADDI-<br>TIONAL<br>FEE |
| AMENDMENT  |                 | MENDMENT                              | Minus          | PAID FOR                                    | =                | 1       | X\$ 9=               | FEE                    | 1    | X\$18=                                |                        |
|  | Total •         |                                       | Minus<br>Minus | ***   | =                | 1       |                      |                        | OR   | V70                                   |                        |
|  | FIRST PRESENTA  | TION OF MI                            | 1              |   | 1<br>/           |         | X39≂                 |                        | OR   | ^/6=.                                 |                        |
| H  | <u> </u>        |                                       |                |   |                  |         | +130=                |                        | OR   | · · · · · · · · · · · · · · · · · · · |                        |
| If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ADDIT: FEE                             |                 |                                       |                |   |                  |         |                      |                        | OR   | ADDIT. FE                             | <b></b>                |
| "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or independent) is the highest number found in the appropriate box in column 1. |                 |                                       |                |   |                  |         |                      |                        |      |                                       |                        |